

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/770,644
	Filing Date	January 25, 2001
	First Named Inventor	Ofir Paz
	Group Art Unit	2141
	Confirmation Number	6756
<input type="checkbox"/> Sent via Express Mail Label No.:	Examiner Name	Shingles, Kristie D.
	Attorney Docket Number	150824.03

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Reply ( pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A ( pages)  <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>  <input type="checkbox"/> Drawing(s) ( sheets)  <input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed ( pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) ( pages)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input checked="" type="checkbox"/> General Power of Attorney (SB80) <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) __	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Application Data Sheet  <input type="checkbox"/> Request for Corrected Filing Receipt  <input type="checkbox"/> Return Receipt Postcard  <input type="checkbox"/> Other Enclosure(s) (please identify below): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p><u>CERTIFICATE OF MAILING OR TRANSMISSION</u>  (Under 37 CFR § 1.8(a))</p> <p>I hereby certify that this correspondence is being  electronically deposited with the USPTO via  EFS-Web on the date shown below:</p> <p><u>July 21, 2006</u>  Date</p> <p><u>Kate Marochkina</u>  Signature  Printed Name</p> <p>Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional  fees required, or credit any overpayments, to Deposit Account No. 50-  0463 for the above identified patent application.</p>		

SIGNATURE OF ATTORNEY OR AGENT			
Signature	<u>Jeffrey L. Ranck</u>	Reg. No.	38,590
Name of Attorney or Agent		Jeffrey L. Ranck	
Date	<u>7/21/2006</u>	Tel.	(425) 705-2684
Assignee Name:		Facsimile No.	(425) 708-5046
		MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052	
Customer Number:		22971	